

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 091920346 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		2				
4	1					
5		1				
6		2				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16	1		1	0		
17		2				
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27		0				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		0				
35	1		1			
36		1				
37		0				
38		0				
39		0				
40		0				
41		0				
42		0				
43		0				
44		0				
45	1	0				
46		0				
47		0				
48	1	0				
49		0				
50	1					
TOTAL IND.	11					
TOTAL DEP.	57					
TOTAL CLAIMS	108					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1			0		
52		1				
53	1	0				
54		1				
55		1				
56		3				
57	1	0				
58		3				
59		0				
60		0				
61		0				
62		0				
63		0				
64	1		1			
65		1				
66		3				
67		0				
68		0				
69						
70						
71						
72						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						